PAGE 1/7

STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. **BLUEGRASS COMMITTEE** 220 1/2 E ST., NE ADDRESS (number and street) (Check if address is changed) WASHINGTON 20002 DC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS LSteinberg@blueandco.com (Check if address is changed) Optional Second E-Mail Address Illisker@hdafec.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2019 C00235655 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Steinberg, Larry, , , Type or Print Name of Treasurer Steinberg, Larry, , , [Electronically Filed] 2019 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

	FEC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	
	naidate	Committee:	
(a)	ш	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Compinformation below.)	plete the candidate
	ne of ididate		
	didate ty Affiliatio	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	ne of didate		
Par	rty Con	nmittee:	
(d)		· · · · · · · · · · · · · · · · · · ·	Democratic, Republican, etc.) Party.
Pol	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its confi	nected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	•
(f)	×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segment of the supports of the support	aregated fund or party
(1)	×	committee. (i.e., nonconnected committee)	gregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joir	nt Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revise	nd n2/2009)	Page <b>3</b>
Write or Type Committee Na		T age 3
BLUEGRASS		
	d Organization, Affiliated Committee, Joint Fundraising Representa	ative, or Leadership PAC Sponsor
·		and, or Esadorship Price opensor
MICCONNELL FOR	MAJORITY LEADER COMMITTEE	
Mailing Address	228 S WASHINGTON ST STE 115	
	ALEXANDRIA VA	
	CITY STAT	TE ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee X Joint Fundraising Repres	esentative Leadership PAC Sponsor
7. Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of t	the person in possession of committee
Lisker,		
Full Name Mailing Address	228 S. Washington St., Ste. 115	
	Alexandria VA	22314
Title or Position	CITY STATE	E ZIP CODE
Assistant Treasurer	Telephone number	703 - 549 - 7705
8. <b>Treasurer:</b> List the name any designated agent (e.g	and address (phone number optional) of the treasurer of the comm ., assistant treasurer).	nittee; and the name and address of
Full Name Steinbe of Treasurer	rg, Larry, , ,	
Mailing Address	1200 North Meridian St.	
	Suite 400	
	Carmel	46032
Title on De ''	CITY STATE	ZIP CODE
Title or Position Treasurer	Telephone number	317 428 6857

	<b>1</b> (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Lisker, Lisa, , ,	
Mailing Address	228 S. Washington St., Ste. 115	
	Alexandria VA 22314 CITY STATE Z	IP CODE
Title or Position Assistant Treasu	urer Telephone number 703 - 54	49 7705
	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds	
safety deposit box Name of Bank, D	oxes or maintains funds.	
safety deposit box	Depository, etc.	
safety deposit box Name of Bank, D	Depository, etc.  Republic Bank & Trust	
safety deposit box Name of Bank, D	Depository, etc.  Republic Bank & Trust	
safety deposit box Name of Bank, D	Depository, etc.  Republic Bank & Trust  2801 Bardstown Rd.  Louisville  KY  40205	ZIP CODE
safety deposit box Name of Bank, D	Depository, etc.  Republic Bank & Trust  2801 Bardstown Rd.  Louisville  CITY  STATE  Z	ZIP CODE
safety deposit box Name of Bank, D  Mailing Address	Depository, etc.  Republic Bank & Trust  2801 Bardstown Rd.  Louisville  CITY  STATE  Z	ZIP CODE
safety deposit box Name of Bank, D  Mailing Address	Depository, etc.  Republic Bank & Trust  2801 Bardstown Rd.  Louisville  CITY  STATE  Z  Depository, etc.	ZIP CODE
safety deposit box Name of Bank, D  Mailing Address  Name of Bank, D	Depository, etc.  Republic Bank & Trust  2801 Bardstown Rd.  Louisville  CITY  STATE  Z  Cepository, etc.  Congressional Bank	ZIP CODE
safety deposit box Name of Bank, D  Mailing Address  Name of Bank, D	Depository, etc.  Republic Bank & Trust  2801 Bardstown Rd.  Louisville  CITY  STATE  Z  Cepository, etc.  Congressional Bank	ZIP CODE

## : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

Filed in response to request for additional information, dated October 31, 2019, to add McConnell Victory Committee as a joint fundraising representative.

Form/Schedule: Transaction ID:

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_6 **of** \_\_7\_\_\_

n). <b>Joint Fundraising</b>	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spor
MCCONNELL VIC	TORY COMMITTEE		
Mailing Address	228 S WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected		int Fundraising Represent	ative Leadership PAC S
Connected	by name, address (phone number – optional) ith, , ,	int Fundraising Represent	ative Leadership PAC S
Connected esignated Agent: Identify Davis, Ke	by name, address (phone number - optional)	int Fundraising Represent	ative Leadership PAC S
connected  esignated Agent: Identify  Davis, Kei  Full Name	by name, address (phone number – optional) ith, , ,	int Fundraising Represent	ative Leadership PAC S
connected  esignated Agent: Identify  Davis, Kei  Full Name	by name, address (phone number – optional) ith, , ,		ative Leadership PAC S
esignated Agent: Identify Davis, Ke Full Name Mailing Address	by name, address (phone number – optional) ith, , ,  228 S. Washington St., Ste. 115  Alexandria		. 22314
connected  esignated Agent: Identify  Davis, Kei  Full Name	by name, address (phone number – optional) ith, , ,  228 S. Washington St., Ste. 115  Alexandria  CITY	VA VA	22314
Connected  esignated Agent: Identify Davis, Ke Full Name Mailing Address  TITLE OR POSITION Assistant Treasurer	by name, address (phone number – optional) ith, , ,  228 S. Washington St., Ste. 115  Alexandria  CITY  ies: List all banks or other depositories in which ntains funds.	STATE A Telephone Number	22314 ZIP CODE <b>A</b>
esignated Agent: Identify Davis, Ke Full Name Mailing Address  TITLE OR POSITION Assistant Treasurer Anks or Other Depositor fety deposit boxes or mail	by name, address (phone number – optional) ith, , ,  228 S. Washington St., Ste. 115  Alexandria  CITY   ies: List all banks or other depositories in which intains funds.  Bank	STATE A Telephone Number	22314 ZIP CODE <b>A</b>
connected  esignated Agent: Identify Davis, Ke Full Name Mailing Address  TITLE OR POSITION Assistant Treasurer  anks or Other Depositor fety deposit boxes or mail	by name, address (phone number – optional) ith, , ,  228 S. Washington St., Ste. 115  Alexandria  CITY  ies: List all banks or other depositories in which ntains funds.	STATE A Telephone Number	22314 ZIP CODE <b>A</b>
connected  esignated Agent: Identify Davis, Ker Full Name Mailing Address  TITLE OR POSITION Assistant Treasurer  anks or Other Depositor fety deposit boxes or mail ame of Bank, epository, etc.	by name, address (phone number – optional) ith, , ,  228 S. Washington St., Ste. 115  Alexandria  CITY   ies: List all banks or other depositories in which intains funds.  Bank	STATE A Telephone Number	22314 ZIP CODE <b>A</b>

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

h). <b>Joint Fundraisin</b>	3 ·	FEO 15 1	С
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
MCCONNELL, MI	TCH		
Mailing Address	2318 DUNDEE ROAD		
	LOUISVILLE	KY	40205
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected	d Organization Affiliated Committee Joint	Fundraising Representa	ative
	d Organization Affiliated Committee Joint by name, address (phone number – optional)	Fundraising Represente	ative
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify  Full Name	by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify	by name, address (phone number – optional)  CITY		
Full NameMailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or mailing ame of Bank, BB&T	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name	ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or mailing ame of Bank, BB&T	ries: List all banks or other depositories in which sintains funds.	STATE A	ZIP CODE A
Full Name	ries: List all banks or other depositories in which sintains funds.	STATE A	ZIP CODE A